



## MDwise Hoosier Healthwise Contact Information

Corporate Office: 1200 Madison Ave., Suite 400, Indianapolis, IN 46225 p: 317-822-7300 f: 317-822-7310

### GENERAL INFORMATION

#### CUSTOMER SERVICE

1-800-356-1204 or 317-630-2831  
Fax: 1-877-822-7190 or 317-829-5530

MDwise Hoosier Healthwise Customer Service  
P.O. Box 441423  
Indianapolis, IN 46244-1423

#### PROVIDER SERVICES- Medical Services

1-800-356-1204 or 317-630-2831  
Fax: 317-630-2835

MDwise Hoosier Healthwise Provider Services  
1099 N. Meridian St., Suite 320  
Indianapolis, IN 46204-1038

#### PROVIDER SERVICES- Behavioral Health BHMI (contracting and credentialing)

1-866-323-3464 or 317-237-5770  
www.InteCare.org

InteCare  
8604 N. Allisonville Road, Suite 325  
Indianapolis, IN 46250-1546

*Please see below and on the back for Delivery System's Provider Relations and Prior Authorization contact information for Medical and Behavioral Health*

### DELIVERY SYSTEMS

#### HOOSIER ALLIANCE

Claims Inquiries: 1-800-581-2488  
Medical Management & Prior Authorization: 1-888-961-3100  
Fax: 1-888-465-5581  
Provider Representative: 1-888-961-3100  
Fax: 1-866-465-2985  
Claim Dept. Address: MDwise Hoosier Alliance  
(includes behavioral claims) P.O. Box 7303  
London, KY 40742  
EDI Payor ID: 20475  
mental/behavioral health eff. 1.1.09  
Family Planning Claims: MDwise Family Planning Claims  
P.O. Box 68970  
Indianapolis, IN 46268-0970  
\*FP Emdeon/WebMD Institutional Payor ID: 12K81  
Professional Claims: SX172

#### MDWISE ST. CATHERINE

Claims Inquiries: 1-866-427-3197/ 317-596-7827  
Medical Management & Prior Authorization: 219-392-7066 (Hospital Auths Only)  
219-392-7072 (All Other Auths)  
Fax: 219-392-7090  
Medical Management Behavioral Health: 1-866-770-0208  
Fax: 1-800-747-3693  
Provider Representative: 219-392-7160  
Claim Dept. Address: MDwise St. Catherine  
(includes behavioral claims) P.O. Box 50888  
Indianapolis, IN 46250  
Payor ID Emdeon 35199  
Relay Health/McKesson 2235  
mental/behavioral health eff. 1.1.09  
Family Planning Claims: MDwise Family Planning Claims  
P.O. Box 68970  
Indianapolis, IN 46268-0970  
\*FP Emdeon/WebMD Institutional Payor ID: 12K81  
Professional Claims: SX172

#### MDWISE WISHARD

Claims Inquiries: 317-871-8814  
Medical Management & Prior Authorization: 317-860-2736  
Fax: 317-860-2734/2735  
Provider Representative: 317-871-8814/ 1-800-927-7927  
Claim Dept. Address: MDwise Wishard  
(includes behavioral claims) P.O. Box 68970  
Indianapolis, IN 46268-0970  
mental/behavioral health eff. 1.1.09  
All Medical Claims: Emdeon/WebMD Institutional Payor ID:  
12K81 Professional Claims: SX172

#### MDWISE PROHEALTH

Claims Inquiries: 317-621-7565/ 1-800-344-8672  
Medical Management & Prior Authorization: 317-621-7546/ 1-800-344-8672  
Fax: 317-621-7984  
Provider Representative: 317-621-7581  
Claim Dept. Address: MDwise ProHealth  
(includes behavioral claims) P.O. Box 50407  
Indianapolis, IN 46250  
EDI Payor ID: NEIC 35161  
mental/behavioral health eff. 1.1.09

# MDwise Hoosier Healthwise Delivery System Contacts

Customer/ Provider Service and Transportation: 1-800-356-1204 or 317-630-2831 in Indianapolis area

Web Site: [www.MDwise.org](http://www.MDwise.org) (member information, PA forms, Provider Manual, newsletters and more)

[www.indianapbm.com](http://www.indianapbm.com) (Preferred Drug List)

## DELIVERY SYSTEMS cont.

### MDWISE SAINT MARGARET MERCY

Claims Inquiries: 1-866-427-3197/ 317-596-7827  
Medical Management & Prior Authorization: 1-800-291-4140  
Fax: 1-800-747-3693  
Provider Representative: 219-933-2162  
Claim Dept. Address: MDwise St. Margaret Mercy  
(includes behavioral claims) P.O. Box 501310  
Indianapolis, IN 46250  
Payor ID Emdeon 35199  
Relay Health/McKesson 2235

Family Planning Claims: MDwise Family Planning Claims  
P.O. Box 68970  
Indianapolis, IN 46268-0970

\*FP Emdeon/WebMD Institutional Payor ID: 12K81  
Professional Claims: SX172

### MDWISE METHODIST

Claims Inquiries: 317-871-8814/ 1-800-927-7927  
Medical Management & Prior Authorization: 317-962-2378  
Fax: 317-962-6219  
Provider Representative: 317-962-5681 (MDwise Methodist)  
317-962-5661 (HealthNet Providers)  
Claim Dept. Address: MDwise Methodist  
(includes behavioral claims) P.O. Box 68970  
Indianapolis, IN 46268-0970

Claim Disputes Address P.O. Box 441423  
Indianapolis, IN 46244

Emdeon/WebMD Institutional Payor ID: 12K81  
Professional Claims: SX172

### MDWISE ST. FRANCIS

Claims Inquiries: 317-596-7827/ 1-866-427-3197  
Medical Management & Prior Authorization: 317-570-6816/ 1-800-291-4140  
Fax: 317-570-6818  
Provider Representative: 317-782-6553  
Claim Dept. Address: MDwise St. Francis  
(includes behavioral claims) P.O. Box 502090  
Indianapolis, IN 46250  
Payor ID Emdeon 35199  
Relay Health/McKesson 2235

Family Planning Claims: MDwise Family Planning Claims  
P.O. Box 68970  
Indianapolis, IN 46268-0970

\*FP Emdeon/WebMD Institutional Payor ID: 12K81  
Professional Claims: SX172

### MDWISE SELECT HEALTH NETWORK

Claims Inquiries: 574-283-5912  
Medical Management & Prior Authorization: 574-283-5939/ 1-800-634-9585  
Fax: 574-283-5940/  
1-800-214-0033  
Provider Representative: 574-283-5926/ 574-283-5925  
Claim Dept. Address: MDwise Select Health Network  
(includes behavioral claims) P.O. Box 853921  
Richardson, TX 75085-3921  
EDI Payor IDs:  
WebMD 64157  
McKesson 1761

Family Planning Claims: MDwise Family Planning Claims  
P.O. Box 68970  
Indianapolis, IN 46268-0970

\*FP Emdeon/WebMD Institutional Payor ID: 12K81  
Professional Claims: SX172

### MDWISE ST. VINCENT

**Effective 1/1/10:**  
Claims Inquiries: 317-569-2029/ 877-247-1513  
Medical Management & Prior Authorization: 317-569-2028/ 877-247-0820  
Fax: 317-570-6818/ 800-747-3693  
Provider Representative: 317-575-7515  
Fax: 317-583-3165  
Claim Dept. Address: MDwise St. Vincent  
(includes behavioral claims) P.O. Box 503010  
Indianapolis, IN 46250  
Family Planning Claims: MDwise Family Planning Claims  
P.O. Box 68970  
Indianapolis, IN 46268-0970

\*EDI Payor ID: Relay Health - 2235; Emdeon - 35199

## CLAIMS DISPUTES, GRIEVANCES & APPEALS

Behavioral Health ONLY	MDwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals
Medical ONLY (contracted providers)	Submit to member's delivery system
Medical ONLY (non-contracted providers)	MDwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievance Coordinator

\*FP = Family Planning Claims only